

# Registered pharmacy inspection report

**Pharmacy Name:** Periville Ltd., 9 Wingate Parade, Willows Estate, GRIMSBY, South Humberside, DN37 9DR

**Pharmacy reference:** 1032494

**Type of pharmacy:** Community

**Date of inspection:** 16/11/2022

## Pharmacy context

This pharmacy is amongst a small parade of shops in a suburb of Grimsby. The pharmacy's main activities are dispensing NHS prescriptions and supplying medicines to several people in multi-compartment compliance packs to help them take their medication. The pharmacy provides the NHS seasonal flu vaccination service and the COVID-19 vaccination service. And it offers the NHS hypertension case finding service.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately identifies and manages the risks associated with its services. It has up-to-date written procedures that the team members mostly follow. They demonstrate a clear understanding of safeguarding the safety and wellbeing of children and vulnerable adults. And they respond promptly and suitably when concerns arise. Team members understand what they need to do when errors occur, but they are not good at keeping records of actions they take and their learning. They mostly keep the records they should, including those they must by law. And they adequately protect people's confidential information.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of pharmacy services. The team had read the SOPs and signed the SOPs signature sheets to show they understood and would follow them. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. The Superintendent Pharmacist had updated the risk assessments for the seasonal flu vaccination service and the COVID-19 vaccination service in September 2022. This ensured any changes since the last risk assessment had been completed were identified and managed.

The pharmacy had an up-to-date SOP for managing errors identified during the dispensing of prescriptions known as near misses. This included the use of a near miss log to record these errors. However, the team members were not using the log detailed in the SOP. And the book presented during the inspection for recording near miss errors didn't have any entries. The same SOP detailed the process the team should follow for errors that were identified after the person received their medicines, known as dispensing incidents. This included a specific log to record the dispensing incident. But the team members didn't use this log, they used the same book kept for the near miss errors. This showed a few dispensing incidents from 2021 had been recorded but there were no entries for 2022. The information captured was limited to details of the dispensing incident. There were no records of the lessons learnt and the actions taken to prevent the error from happening again. For example, a record of two dispensing incidents involving the same person receiving another person's medication didn't capture the learnings from these incidents. And any actions the team had taken to prevent this type of error from happening again. The team occasionally discussed near miss errors and had separated some medicines that looked and sounded alike to reduce the risk of picking errors. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The pharmacy didn't always capture and check the running balance of CDs. The team members had completed training about the General Data Protection Regulations (GDPR) and they separated confidential waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for team members to follow. The pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. And responded well when safeguarding concerns arose. The experienced delivery driver reported concerns about people they delivered to, back to the pharmacy

team who took appropriate action such as contacting the person’s GP.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with a range of skills and experience to support its services. Team members work well together and support colleagues completing their qualification training programmes. They make suggestions and implement changes to improve the effectiveness in the way they work. Team members receive some opportunities to complete ongoing training. But they don't always receive individual feedback on their performance which means they may miss the chance to further develop their skills and knowledge.

### Inspector's evidence

A full-time pharmacist and regular locum pharmacists covered the opening hours. The pharmacy team consisted of a part-time trainee dispenser who was the pharmacy supervisor, three part-time dispensers and two part-time trainee dispensers.

The pharmacy provided trainees with a mentor from one of the experienced team members who provided support and guidance. And it gave the trainees some protected time at work to complete their training. The trainee dispensers also had dedicated time working on the pharmacy counter to support this element of their training programme. Team members were trained on all the key tasks, but each team member was responsible for certain tasks. This ensured the delivery of pharmacy services was not affected in times of absence. The team rota included time each day when all team members worked together which they used to share information and plan their workload.

The team members worked well together and took opportunities through team meetings to suggest changes to processes or new ideas of working. The team supporting the dispensing and supply of medicines in compliance packs regularly discussed improvements they could make to the processes. And had implemented new ways of working as a result of these discussions. This had enabled the team, when its workload capacity allowed, to complete the dispensing of the packs in good time to reduce workload pressure.

The pharmacy provided the team members with some additional training, but it didn't provide formal performance reviews for them. So, they didn't have the chance to receive individual feedback and identify opportunities to develop their knowledge and skills. The Superintendent Pharmacist regularly attended team meetings and provided the team with informal feedback.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure and suitable for the services provided. And the pharmacy has good facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The layout of the pharmacy premises provided several rooms for the team to work and store medicines. However, the main dispensary area had limited workspace. The team generally managed the limited space well but occasionally some baskets were piled on top of each other, creating an increased risk of errors. There was a dedicated room for dispensing and storing the large number of multi-compartment compliance packs supplied to people. The room was an adequate size for this activity and the team ensured all available space was appropriately used. The team mostly kept floor spaces throughout the pharmacy clear to reduce the risk of trip hazards. The pharmacy had separate sinks for the preparation of medicines and hand washing. And team members used hand sanitising gel. In response to the COVID-19 pandemic the pharmacy had installed clear plastic screens on the pharmacy counter.

The pharmacy had a defined professional area. And items for sale in this area were healthcare related. The pharmacy had a sound-proof consultation room which the team used for private conversations with people and when providing services such as the flu vaccination. The pharmacy also had a medical screen and window blinds in the area housing a blood pressure machine to provide people with privacy when using the machine. The pharmacy had restricted public access to the dispensary during the opening hours.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services which are easily accessible for people. It manages its services well to help people receive appropriate care and to make sure they receive their medicines when they need them. The pharmacy obtains its medicines from reputable sources and it manages its medicines appropriately to make sure they are in good condition and suitable to supply.

### Inspector's evidence

Access to the pharmacy was via a step-free access and a ramp with a handrail. The pharmacy had an information leaflet that provided people with its contact details, and it kept a small range of healthcare information leaflets for people to read or take away. The team members provided people with information on how to access other healthcare services when required. They accessed people's records from the computer on the pharmacy counter so they could locate their prescriptions easily and answer any queries about their medicines. The team members provided people with clear advice on how to use their medicines. They were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and the information to be provided to people. Team members asked appropriate questions when selling over-the-counter (OTC) medicines and they knew when to refer to the pharmacist. The team monitored requests for OTC medicines that could be misused to ensure supplies were appropriately made.

The pharmacy provided the NHS COVID-19 vaccinations and seasonal flu vaccination against up-to-date national protocols. These included the names of the pharmacist and trained vaccinators who supported the service. Both services had been popular, but recently the number of people presenting for the services had decreased. The team members continued to promote the services through conversations with people and placing leaflets in prescriptions bags. And they clearly displayed information in the retail area advising of the services. The pharmacy supplied medicine to some people daily as supervised doses which were prepared in advance of supply. This helped to reduce the workload pressure of dispensing at the time the person presented.

The pharmacy provided multi-compartment compliance packs to around 400 people who lived in their own home or a care home. Three team members managed this service with support from other team members when required. To manage the workload the team divided the preparation of the packs across the month. And usually ordered prescriptions two weeks before supply to allow time to deal with issues such as missing items. The care home teams usually ordered the medication in advance and copied the pharmacy team members into the email sent to the GP team. So, they could check what had been ordered, when they received the prescriptions. The team kept a record of each person's current medication and referred to it throughout the process of dispensing and checking the packs. The pharmacy sent the packs to the care home teams a few days before the next cycle started. So, the care home team had time to check the supply before the person needed their medication. The team usually recorded the descriptions of the products within the packs but didn't always supply the manufacturer's packaging leaflets. The pharmacy occasionally received copies of hospital discharge summaries which the team checked for changes or new items. The team spent time with people new to the service who didn't live in one of the care homes to explain how it worked. And to obtain information such as when they usually took their medication especially when it was prescribed as once a day.

The team used baskets during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on the dispensing labels to record who in the team had dispensed and checked the prescription. A sample of completed prescriptions found the team initialled both boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. The pharmacy kept a record of the delivery of medicines to people, but the driver didn't record when the person had received their medication. This meant the team members could not confirm the delivery had been made when queries arose.

The pharmacy obtained medication from several reputable sources and it generally stored its medicines securely. The pharmacy team followed the pharmacy's procedures to ensure medicines were safe to supply. This included marking medicines with a short expiry date to prompt them to check the medicine was still in date. And recording the dates of opening for medicines with altered shelf-lives after opening so they could assess if the medicines remained safe to use. The team checked and recorded fridge temperatures and a sample of completed records found the readings were within the correct range. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team members usually printed off the alert and actioned it, but they didn't keep a record of this activity.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. It mostly uses its equipment and facilities in a way to protect people's confidential information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. It had equipment available for the services provided including a range of CE equipment to accurately measure liquid medication and two pharmacy fridges. However, one of the fridges was a domestic fridge rather than a medical one.

The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. And it positioned the computer on the pharmacy counter in a way to prevent disclosure of confidential information. The pharmacy held most private information in the dispensary and rear areas, which had restricted public access. And it provided the team with cordless telephones to ensure telephone conversations were not overheard by people in the retail area.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.